



FACULTY AND STAFF GIFT OR PLEDGE FORM

Name_____

Employee ID_____

School/Department_____

Yes, I want to make a gift to support the annual faculty and staff campaign.

Please select one designation from the following fund options or visit smu.edu/fsgiving for a complete list.

SMU Fund (01043)

Student Emergency Fund (S1095)

Faculty and Academic Excellence (01494)

Student Scholarships (01106)

Other_____

PAYMENT OPTIONS

Payroll Deduction

Recurring gift of \$_____ per pay period through payroll deduction
Minimum donation = \$5/monthly or \$2.50/biweekly

I authorize the above amount to be withdrawn **each pay period**. I am paid: monthly biweekly

Onetime gift of \$_____ through payroll deduction
Minimum donation = \$5

I authorize the above amount to be withdrawn **once**. I am paid: monthly biweekly

Signature_____ Date_____

To make adjustments to this deduction at any time, please contact Donor Relations at 214-768-8699.

Your gift will appear on the next pay cycle, depending on when the gift was processed.

Onetime Gift

\$100 \$50 \$25 \$10 Other \$_____

My check, made payable to SMU, is enclosed.

Charge my: VISA MasterCard Discover American Express

Card number_____ Expiration date_____ 3-digit security code (4-digit AmEx)_____

Name_____ Signature_____ Date_____
(as it appears on card)

Please do not publish my name in recognition materials.

Please return this form in the envelope provided or to SMU Gift Administration, Box 402.

QUESTIONS? 214-768-8699 or fsgiving@smu.edu

THANK YOU